



THE CITY OF LAKE CITY, FLORIDA

REQUEST FOR QUALIFICATIONS

CIVIL ENGINEER/ENVIRONMENTAL ENGINEERING SERVICES

RFQ-001-2012

Sealed qualifications will be accepted by the City of Lake City, Florida until, **October 27, 2011 at 4:00 p.m.** local time in the **Procurement Department located on the 2ND floor in City Hall, 205 N Marion Avenue, Lake City, Florida 32055.** Any qualifications received after the above time will not be accepted under any circumstances. Any uncertainty regarding the time will be resolved against the Proposer. Qualifications will not be accepted via fax. It is noted that formal openings are not held.

An original plus six (6) copies of your qualifications must be sealed and plainly marked on the outside of the envelope with RFQ-001-2012, CIVIL/ENVIRONMENTAL ENGINEER.

City of Lake City
Attention: Laurette Burks
Procurement Department
205 N. Marion Avenue
Lake City, Florida 32055

All proposals which are submitted through delivery services such as Federal Express, UPS, or United States Postal Service Express Mail, must be marked on the **OUTSIDE of the delivery package with the company or Engineer's name, address, phone number, (RFQ-001-2012), Request for Qualifications for CIVIL/ENVIRONMENTAL ENGINEER October 27, 2011 at 4:00 p.m). The qualifications must be in a sealed envelope **INSIDE** the delivery package with the same information as listed above. All qualifications which are hand delivered or delivered through regular mail by the United States Postal Service must have all the same information as listed above on the **OUTSIDE** of the sealed envelope. **Failure to comply may be reason to reject the qualifications.****

The City of Lake City is exempt from State Use Tax, State Retail Tax and Federal Excise Tax. The proposal must be dated, signed by authorized representative, title, firm name, address and telephone number.

By submission of his/her qualifications, the Consultant certifies that:

- A. The qualifications have been arrived at by the Engineer independently and have been submitted without collusion with any other Engineer described in the Request for Qualifications.
- B. The contents of the qualifications have not been communicated by the Engineer, his/her employees or agents, to his/her best knowledge and belief, to any person not an employee or agent of the Engineer or his/her surety in any bond furnished herewith and will not be communicated to any such person prior to the official opening of the qualifications.

Qualifications may not be withdrawn for a period of 60 days after the scheduled closing time.

Request for additional information or clarifications must be made in writing to the Procurement Director. Facsimile or e-mail request are acceptable. The Procurement Director will issue replies to inquiries and additional information or amendments deemed necessary in written addenda, which will be issued prior to the deadline for responding to this RFQ. Deadline for questions is Thursday, October 20, 2011 @ 5:00 p.m.

purchasing@lcfla.com

Telephone (386) 719-5818
Fax (386) 755-6112

The City of Lake City for reserves the right to accept or reject any/all qualifications and to award the contract in the best interest of the City.

Wendell Johnson
City Manager

In accordance with the “Consultants Competitive Negotiation Act” (F.S. 287.055), the City of Lake City, Florida is seeking qualifications from Florida registered firms to provide civil and environmental consulting engineering services in support of improvements to the City’s water, wastewater, storm water, natural gas, streets and sidewalk systems. The selected firm or firms will work closely with City staff on a project to project task order basis as directed by the City.

CONTRACT:

The selected firm or individual will enter into a basic Contract for Civil/Environmental Engineering Services with the City and will provide services to the City under Supplemental Agreements to the basic Contract.

The contract term will be for a three (3) year period. The City reserves the right to extend the contract period for two (2) additional one (1) year terms, upon mutual agreement with the successful consultant.

The proposals must include the following:

Cover Letter (2 pages maximum).

The name, address and telephone number of one (1) individual who will serve as the Project / Program Manager to whom all future correspondence and/or communications will be directed.

Firm background, including past experience on water, wastewater, storm water, natural gas, streets and sidewalk systems.

Statement of relevant qualification and experience of the firm and staff, including resumes of the Project / Program Manager and key staff members; current workload and record of similar professional accomplishments. References from at least ten (10) projects.

Evidence of the interest firm’s or individuals ability to provide the following insurance coverage, either under existing policies or by virtue of a project specific policy: (A) Professional Liability - \$1,000,000; (B) Automobile Liability - \$500,000 CSL; (C) Worker’s Compensation – Statutory/\$100,000; and (D) Comprehensive General Liability - \$1,000,000 CSL.

SELECTION PROCESS:

Representatives from the City of Lake City will review the proposals. In reviewing the proposals, the selection criteria will include (but not limited to) the following:

- Experience in Civil/Environmental Engineering.
- Experience with government municipalities within the state of Florida.
- Location of primary office in Florida.
- Previous experience with the City of Lake City.

The City of Lake City reserves the following rights:

- To select a Civil Engineer based solely on the quality of the proposal (Statement of Qualifications).
- To prepare a short-list of qualified firms and to interview these firms, as deemed necessary to select a civil/environmental engineer.
- To re-advertise or terminate this request at any time.
- To reject any and all proposals, to waive any information of irregularities in the proposal process, and to make and award the contract in the best interest of the City.

The City of Lake City is not responsible for any costs incurred in the preparation and submission of Proposals by interested companies.

RANKING CRITERIA:

EVALUATION CRITERIA	MAX POINTS
Summary of Proposer’s Qualifications	35
Experience with Government Municipalities within the State of Florida and within the region.	35
Location of Primary Office in Florida	15
Experience with the City of Lake City	15
TOTAL POSSIBLE POINTS	100

CONFLICT OF INTEREST STATEMENT

STATE OF FLORIDA, CITY OF _____
Before me, the undersigned authority, personally appeared _____, who was duly sworn deposes and states:

1. I am the _____ of _____ with a local office in _____ and principal office in _____ and principal office in _____.
City & State City & State
2. The above named entity is submitting a Proposal for the City of Lake City RFQ-001-2012 described as Request for Qualifications for Civil/Environmental Engineer.
3. The Affiant has made diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.
4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract.
6. Neither the entity nor its affiliates, nor any one associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
7. Neither the entity nor its affiliates, nor any one associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the City of Lake City.
9. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the City of lake City.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the City of Lake City.

DATED this _____ day of _____ 20_____.

(Affiant)

Typed Name and Title
Sworn to and subscribed before me this _____ day of _____ 20_____.
Personally Known _____ Or produced identification _____.
Identification type: _____
Notary Public-State of _____
My commission expires _____. Printed, typed, or stamped
commissioned name of notary public.

THIS FORM MUST BE INCLUDED WITH QUALIFICATIONS

DISPUTES DISCLOSURE FORM

Answer the following questions by placing an “X” after “YES” or “NO”. If you answer “YES”, please explain in the space provided, or via attachment.

Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years?

YES _____ NO _____

Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES _____ NO _____

Has your firm had against it or filed any request for equitable adjustment, contract claims, bid protest, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES _____ NO _____

If yes, state the nature of the request for equitable adjustment, contract claim, litigation, or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this proposal for the City of Lake City, RFQ-009-2008, Request

Firm Date

Authorized Signature and Title Printed or Typed Name and Title

THIS FORM MUST BE INCLUDED WITH QUALIFICATIONS

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, _____(print or type name of firm) publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the work place, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee’s community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”

Authorized Signature

Date Signed

State of Florida
County of _____
Sworn to and subscribed before me this ____day of _____20_____.
Personally known _____or Produced Identification _____
(Specify type of identification)

Signature of Notary
My Commission Expires:_____

THIS FORM MUST BE INCLUDED WITH QUALIFICATIONS

**SWORN STATEMENT UNDER SECTION
287.133(3)(n), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Proposal No. _____
2. This sworn statement is submitted by _____
whose business address is _____
and (if applicable) its Federal Identification No.(FEIN) is _____
If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement _____.
3. My name is _____ and
my relationship to the entity named above is _____.
4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to, and directly related to, the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentations.
5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes means:

- a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a “person” as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

_____Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with an convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with, and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies)

_____There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)

_____The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)

_____The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

Signature:_____Date_____

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority, _____who after first being sworn by me, affixed his/her signature in the space provided above on this _____day of _____20_____.

Notary Public, State at large

My Commission Expires:

THIS FORM MUST BE INCLUDED WITH QUALIFICATIONS